PRINTED: 10/29/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS2489AGC 09/24/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2620 LAKE SAHARA DRIVE **CHANCELLOR GARDENS OF THE LAKE** LAS VEGAS, NV 89117 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 000 Y 000 **Initial Comments** Surveyor: 28380 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility from 9/19/09 to 9/24/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received the grade of D. The facility is licensed for 150 beds, 120 Residential Facility for Group beds for elderly and disabled persons, chronic illnesses and persons with mental illnesses and 30 beds for persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 139. Twenty-three resident files were reviewed. Complaint NV00023007 and NV00023048 were substantiated. See Tags Y069 and Y878. Additional deficiencies were identified. Y 050 Y 050 449.194(1) Administrator's SS=I Responsibilities-Oversight

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

The administrator of a residential facility shall:

1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449

NAC 449.194

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Y 069 449.196(1)(e) Qualifications of Caregiver-Meet

1. A caregiver of a residential

SS=F

needs

NAC 449.196

facility must:

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Bureau of Health Care Quality & Compliance

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED C 09/24/2009	
		NVS2489AGC		A. BUILDING B. WING			
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
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Y 069	Y 069 Continued From page 2			Y 069			
	(e) Possess the approximate (e) Rossess the approximate (from the needs of the residual facility.	abilities to meet					
	Surveyor: 28380 Based on interview of performed cardiopuln on 1 of 1 residents will		PR) nd				
Y 087 SS=F		on Number of Residen	ıts	Y 087			
	NAC 449.199 3. A residential facility accept residents in expumber of residents slicense issued to the facility.	xcess of the specified on the					
	Surveyor: 28380	ot met as evidenced by: ew on 9/23/09, the men					
	Findings include:						
	beds. Based on the	care unit is licensed fo census report provided e 34 residents residing	by				

FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS2489AGC 09/24/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **2620 LAKE SAHARA DRIVE CHANCELLOR GARDENS OF THE LAKE** LAS VEGAS, NV 89117 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 087 Y 087 Continued From page 3 Severity: 2 Scope: 3 Y 590 Y 590 449.268(1)(a) Resident Rights SS=I NAC 449.268 1. The administrator of a residential facility shall ensure that: (a) The residents are not abused, neglected or exploited by a member of the staff of the facility, another resident of the facility or any person who is visiting the facility. This Regulation is not met as evidenced by: Surveyor: 21044 Based on interviews and record review from 9/19/09 to 9/24/09, the facility neglected to ensure 23 of 23 residents received medications as prescribed because medications were not available or caregivers were not administering the medications because they did not have time and threw the medications away. Findings include The September 2009 medication administration records (MAR) up to 9/23/09 were reviewed. The MAR revealed the the following residents did not receive the listed medications as prescribed:

Resident #1:

two doses.

- Aricept 10 milligrams (mg), one time a day -

- Aspirin 81 mg, one time a day - three doses.

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Medication was out of stock. Staff reported the

- Namenda 10 mg, two times a day - 28 doses.

- Omeprazole 20 mg, one time a day - 20 doses.

resident owed the pharmacy money.

Medication was out of stock.

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Resident #8:

doses.

Nexium 40 mg, one time a day - three doses.
Paroxetine 20 mg, one time a day - 17 doses.
Seroquel 50 mg, one at bedtime - five doses.
Temazepam 30 mg, two at bedtime - eight

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Medication out of stock.

Resident #13:

- Risperdal 2 mg, three times a day - 23 doses. - Seroquel 100 mg, 1/2 tab daily - seven doses.

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- Zolpidem Tartrate 10 mg, PRN - medication out

- Risperdal 0.25 mg, two times a day - 18 doses.

of stock.

Resident #19:

Medication out of stock.

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While the MAR was reviewed, caregivers were asked why medications were not administered and why medications were not available. The

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NVS2489AGC

NAME OF PROVIDER OR SUPPLIER

CHANCELLOR GARDENS OF THE LAKE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED

A. BUILDING
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STREET ADDRESS, CITY, STATE, ZIP CODE
LAS VEGAS, NV 89117

CHANCELLOR GARDENS OF THE LAKE		2620 LAKE SAHARA DRIVE LAS VEGAS, NV 89117				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY F REGULATORY OR LSC IDENTIFYING INFORMA	ULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 590	caregivers responded that either the medicat were on order and had not yet arrived, the pharmacy had not been paid and would not so the medications or that family members had brought medications in when the medications out. During an interview with the former Wellness Director on 9/19/09, a registered nurse, the Wellness Director reported she was aware the caregivers were not administering some medications to residents and were throwing to medications away because they did not have to administer the medications. Severity: 3 Scope: 3		Y 590			
Y 878 SS=I	449.2742(6)(a)(1) Medication / Change ord	er	Y 878			
	NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order.					
	This Regulation is not met as evidenced by Surveyor: 28380 Based on interview, observation and record review from 9/19/09 to 9/24/09, the facility of	d				

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NVS2489AGC

NVS2489AGC

NVS2489AGC

STREET ADDRESS, CITY, STATE, ZIP CODE

2620 LAKE SAHARA DRIVE
LAS VEGAS, NV 89117

(X2) MULTIPLE CONSTRUCTION
A. BUILDING
B. WING
COMPLETED
DPROVIDER OR SUPPLIER
CHANCELLOR GARDENS OF THE LAKE

STREET ADDRESS, CITY, STATE, ZIP CODE
LAS VEGAS, NV 89117

LOR GARDENS OF THE LAKE	2620 LAKE SAHARA DRIVE LAS VEGAS, NV 89117		
,		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Continued From page 10	Y 878		
ensure 23 of 23 residents received their medications as prescribed.			
Findings include:			
records (MAR) up to 9/23/09 were reviewed. MAR revealed that Resident #1 to #23 did not receive the listed medications as prescribed because they were either unavailable or caregivers did not have time to administer the	The ot		
Severity: 3 Scope: 3			
449.2744(1)(b)(1) Medication / MAR	Y 895		
provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication administered; (3) The date and time that a resident refu or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect the cur	to was ses,		
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUREGULATORY OR LSC IDENTIFYING INFORMATION OR LSC ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 10 ensure 23 of 23 residents received their medications as prescribed. Findings include: The September 2009 medication administration records (MAR) up to 9/23/09 were reviewed. The MAR revealed that Resident #1 to #23 did not receive the listed medications as prescribed because they were either unavailable or caregivers did not have time to administer them and threw the medications away. Please refer to TAG 590. Severity: 3 Scope: 3 449.2744(1)(b)(1) Medication / MAR Y 895 NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered: (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST SEE PRECEDED BY FUILL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 10 ensure 23 of 23 residents received their medications as prescribed. Findings include: The September 2009 medication administration records (MAR) up to 9/23/09 were reviewed. The MAR revealed that Resident #1 to #23 did not receive the listed medications as prescribed because they were either unavailable or caregivers did not have time to administer them and threw the medications away. Please refer to TAG 590. Severity: 3 Scope: 3 449.2744(1)(b)(1) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect the current

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Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS2489AGC 09/24/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2620 LAKE SAHARA DRIVE **CHANCELLOR GARDENS OF THE LAKE** LAS VEGAS, NV 89117 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 895 Y 895 Continued From page 11 This Regulation is not met as evidenced by: Surveyor: 28380 Based on record review and interviews on 9/23/09 and 9/24/09, the facility failed to ensure the computerized medication administration records (MAR) were accurate or consistent for 23 of 23 residents receiving medication assistance. Findings include: The facility was using a computerized MAR system in which caregivers entered their initials to document when the medications were administered and used numerical codes for when medications were refused, were not available. were discontinued, were administrated late, were not administered because the resident was in the hospital or was asleep. The August and September 2009 MARs for residents receiving medication assistance were reviewed. It was noted the numerical codes were not consistent between MARs. For example, code 1 was used for a medication that was not available on the MAR for one resident (Resident #5), but the same code was used to document on another resident's MAR that the resident was in the hospital (Resident #2). It was also noted there were discrepancies with the codes between the August 2009 and September 2009 MARs. The computerized August and September 2009 MARs also contained blank squares with no documentation that medications were administered to residents. It was discovered during interviews with staff that the computer

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9/19/09 to 9/24/09, the facility did not provide proper documentation regarding a resident who was transferred to the hospital (Resident #1 -

transfer to the hospital on 8/5/09).

Severity: 1 Scope: 1